



**U.S. DEPARTMENT OF VETERANS AFFAIRS  
VETERANS BENEFITS ADMINISTRATION**

**SURVEY OF VETERANS SATISFACTION WITH THE  
COMPENSATION AND PENSION CLAIMS  
APPEAL\* PROCESS**

Thank you for your help with this important project. This survey contains questions about your recent disagreement with a decision by one of our offices. The information collected will be used to better serve veterans. All responses will be kept confidential.

\*In this questionnaire, the word “appeal” is often used. This word applies to the whole process under which you submitted a *notice of disagreement* concerning your claim decision and any later action taken by VA on your behalf. It is important to note that for the purpose of this survey, you did not have to go through the formal “appeal” process at the Board of Veterans Appeals in order to complete this questionnaire.

**Please read and answer the following question before going any further.**

According to the VA’s records, you filed a *notice of disagreement* with some or all of a disability decision on your claim with one of VBA’s field offices. Do you recall filing this notice? (Mark an “X” in only one box below.)

**YES** (Continue on with the instructions for filling out the questionnaire.  
Then continue to question 1 on the next page and complete the questionnaire.)  
**NO** (STOP. You do not need to complete the rest of this questionnaire, but  
please return the questionnaire in the enclosed postage-paid envelope.)

**Instructions**

This survey should take you approximately 10 minutes to complete. Please follow these instructions:

- Mark an “X” in only one answer box for each question, unless it tells you to “*Mark all that apply.*”
- Please watch for “SKIP” instructions – they tell you when to skip over a group of questions that you do not need to answer.
- When you are finished, please place the questionnaire in the enclosed postage-paid envelope and put it in the mail.

**Flip this page and start with question 1 ➡**

**Please answer the following questions in reference to the time period PRIOR TO THE TIME YOU FILED YOUR NOTICE OF DISAGREEMENT.**

1. Did the letter you received with your claim decision clearly explain all the reasons for the decision?

**57%** Yes

**43%** No

2. After you received your decision letter, did you contact VA to discuss it?

**67%** Yes

**33%** No

3. How fair was VA's evaluation of your claim?

**8%** Very fair

**7%** Somewhat fair

**13%** Neither fair nor unfair

**28%** Somewhat unfair

**44%** Very unfair

4. Was the appeal process clearly explained?

**65%** Yes

**35%** No

5. How satisfied were you with VA's decision regarding your claim?

**6%** Very satisfied

**6%** Somewhat satisfied

**6%** Neither satisfied nor dissatisfied

**23%** Somewhat dissatisfied

**59%** Very dissatisfied

6. Overall, how helpful were VA employees?

**25%** Very helpful

**25%** Generally helpful

**10%** Moderately helpful

**19%** Somewhat helpful

**22%** Not at all helpful

7. Overall, did the claims process reflect the courtesy, compassion, and respect due to a veteran of the United States, or their spouse or child?

**42%** Yes

**59%** No

8. Regardless of the outcome, how satisfied were you with the way VA handled your claim?

**11%** Very satisfied

**16%** Somewhat satisfied

**9%** Neither satisfied nor dissatisfied

**23%** Somewhat dissatisfied

**41%** Very dissatisfied

(continue to next column)

Go to the next page ➞

**Please answer the following questions in reference to the time period AFTER WHICH YOU FILED YOUR NOTICE OF DISAGREEMENT TO THE PRESENT TIME.**

9. Did your *notice of disagreement* involve a claim for: (Mark all that apply.)

**39%** Establishment of a service-connected disability rating

**33%** An increase of a service-connected disability rating

**8%** Entitlement to non service-connected pension benefits

**7%** Special monthly pension benefits

**3%** Death benefits

**10%** Other (specify) \_\_\_\_\_

10. Did anyone assist you with your appeal process?

**80%** Yes (continue to Q11)

**20%** No (SKIP to Q12)

11. Who helped you with your appeal? (Mark all that apply.)

**21%** VA (local or central office)

**48 %** Veterans Service Organization (VFW, American Legion, DAV, etc.)

**21%** A state or county veteran service officer

**2%** A private attorney

**7%** Other (friend, relative, etc.)

12. Did you or your representative ever speak directly to or meet with a VA employee (Decision Review Officer) regarding your appeal?

**44%** Yes (continue to Q13)

**56%** No (SKIP to Q14)

13. Did the VA employee (Decision Review Officer) clearly explain the appeal process?

**62%** Yes

**28%** No

**10%** Did not need such information (continue to next column)

14. What was the decision made on the initial claim for which you filed your current *notice of disagreement*?

**26%** Partially granted (continue to Q15)

**74%** Denied (SKIP to Q16)

15. What is the status of your appeal?

**13%** Granted a full increase in benefits by local VA office (SKIP to Q17)

**14%** Granted a partial increase in benefits by local VA office (SKIP to Q17)

**1%** Granted no additional benefit by local VA office (SKIP to Q17)

**29%** Sent to Board of Veterans Appeals in Washington, D.C. for review (SKIP to Q17)

**12%** You formally reopened the claim and submitted new evidence (SKIP to Q17)

**29%** No decision made by local VA office as of yet (SKIP to Q20)

**1%** You withdrew your claim (SKIP to Q20)

16. What is the status of your appeal?

**7%** Fully granted initial benefit by local VA office

**5%** Partially granted initial benefit by local VA office

**13%** Granted no benefit by local VA office

**37%** Sent to Board of Veterans Appeals in Washington, D.C. for review

**11%** You formally reopened the claim and submitted new evidence

**24%** No decision made by local VA office as of yet (SKIP to Q20)

**3%** You withdrew the claim (SKIP to Q20)

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